

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018711

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 746

FILED MAY 21 1962

1. PLACE OF DEATH a. COUNTY <u>Greene Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Mo</u>		c. CITY OR TOWN <u>Reeds Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNKNOWN</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Amanda</u> Middle <u>Scobee</u> Last <u>Scobee</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 19-1885</u>
9. AGE (last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Co. Mo</u>	
11. BIRTHPLACE (City and state or country) <u>Stone Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>William Henry Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben Scobee Dec</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>87</u>		17. INFORMANT <u>Pete Scobee</u> Address <u>Reeds Springs Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Gen. arteriosclerosis</u> DUE TO (b) <u>Chronic Emphysema</u> DUE TO (c) <u>10 yrs.</u> <u>4 yrs.</u> <u>2 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:45</u> a.m. <u>12:45</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 1962</u> to <u>5/9/62</u> and last saw her alive on <u>5/7/62</u> Death occurred at <u>?</u> <u>12:45</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. C. Magner M.D.</u> 22b. ADDRESS <u>Greene Co. Mo</u> 22c. DATE SIGNED <u>5/10/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 12-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valerie Pond Cemetery</u>	23d. LOCATION (City, town, or county) <u>Reeds Springs - Stone Co. Mo</u>
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u> ADDRESS <u>Salena Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-16-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BK AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No permit issued